K2100032449C

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Division of Corporations

August 11, 2021

CLAUDIA ARAIZA 947 NE 41 PL HOMESTEAD, FL 33033

SUBJECT: DUQUE'S FREIGHT SERVICES LLC

Ref. Number: L21000329490

We have received your document for DUQUE'S FREIGHT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00019017

Catherine M Brumbley Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section **Division of Corporations** DUQUE'S FREIGHT SERVICES LLC SUBJECT: ___ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIA ARAIZA Name of Person DUOUE'S FREIGHT SERVICES LLC Firm/Company 947 NE 41 PL Address HOMESTEAD/FL 33033 City/State and Zip Code claudii91g@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____) 216-9751 Area Code Days CLAUDIA ARAIZA Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUQUE'S FREIGHT SERVICES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records. mited Liability Company)	.)
The Articles of Organization for this Limited Liability Com Florida document number L21000329490	pany were filed on <u>07-20-2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		202 202
		AUG.
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		S S S A M
		5 5 D
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter tl</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CLAUDIA ARAIZA	947 NE 41 PL HOMESTEAD, FL 33033	≅ Add
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